## Worksheet No. 2 - SHORELAND MITIGATION PLAN

Barron County Zoning Office ● 335 E. Monroe Ave. Rm. 2104, Barron WI 54812 ● 715-537-6375 Mon.-Fri. 8:00 am – 4:30 pm ● www.barroncountywi.gov

When the County receives a Land Use Permit Application for a shoreland activity which requires mitigation under sections 17.41(7)(c), 17.41(9)(c), and 17.41(9)(e) of the Barron County Land Use Ordinance or as a Board of Adjustment condition, the property owner must also submit a Shoreland Mitigation Plan for review/approval.

Property Owner	Contractor	Contractor	
Mailing Address	Address		
CityStateZip	City	StateZip	
Phone # Home Other	Phone # Work	Cell	
	FORMATION		
Property Address: Na			
Parcel ID #	_ Township ot:		
	DRELAND MITIGATION all that apply		
☐ 17.41(9)(c) Lateral Expansion to a nonconforming principal structure.		a nonconforming principal structure.	
☐ 17.41(7)(c) Increase of <b>impervious surfaces (</b> within 300' of the OHW!			
MITIGATION OPTION	NS – 3 POINTS REQUIRED		
Points earned	·		
# 1. Update or replace a non-compliant Sanitary Syst		×1	
# 2. Preserve or restore a vegetative buffer zone tha ordinary high water mark (OHWM). (Must be		m the	
# 3. Preserve or restore a vegetative buffer zone tha OHWM. (Must be native plants)	t extends 50 feet landward fro	m the	
# 4. Viewing and Access Corridor width of 15' or less			
# 5. Install a rock infiltration trench or pit. <u>Total area</u>			
# 6. Install a rain garden with native plantings, or sim		<u>ed</u> =	
# 7. Preserve or restore both shoreland sideyard are			
# 8. Remove or relocate a building or impervious strushoreland setback, to a compliant location. N			
← Total Points			
<ul> <li>This form must</li> <li>Notarized Shoreland Mitigation Affidavit with \$30 check made</li> <li>Site Plan depicting all proposed mitigation practices and all proposed mitigation practices, necessary to prove that each practice will be done in according</li> </ul>	pertinent measurement, size, a , which may include showing ca	and location information. alculations, lists, and schedules that are	
l, the undersigned acknowledge that all necessary mitigation activities detailed in from the issue date of the associated Land Use Permit and that it is my responsibil intact over time and that Barron County Zoning Staff has the right to inspect the p	lity so long as I own the property to ma		
Owner Signature		Date/	
Contractor Signature		Date/	
Staff Use Only Circle one: (Approved) (Denied) Date:			
Date Received: Notes:			